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**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	STOKES, Sandy
Title	Palletizing Bolster
Art Unit	
Examiner Name	
Attorney Docket Number	STS-101UG

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20738

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am, then:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
(Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95))**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Sandy Stokes

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of this entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

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